

CLIENT DISCHARGE FORM

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Name:				Account #:			
Program #				Facility			

Discharge							
5. Discharge Date (mmddyyyy)							
6. Referring to Program							
7. Referring to Agency (Write Description)							
8. Discharge Reason (check one)							
<input type="checkbox"/> Treatment Plan Completed							
<input type="checkbox"/> Client Left Voluntarily Before Treatment Plan Completed							
<input type="checkbox"/> Client is Inaccessible (moved, died, in prison, etc.)							
<input type="checkbox"/> Client Left at Request of Staff							
<input type="checkbox"/> Client Referred to Another Program (Referring to Program is Required)							
9. Number of Arrests in the last 30 days							
10. Employment Status at Discharge (check one)							
<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Pub. Asst. Depleted							
<input type="checkbox"/> Unemployed <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Unknown							
11. Detailed Not In Labor Force (check one)							
<input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired							
<input type="checkbox"/> Disabled <input type="checkbox"/> Inmate <input type="checkbox"/> Other							
12. Living Arrangements (check one)							
<input type="checkbox"/> Homeless <input type="checkbox"/> Dependent Living <input type="checkbox"/> Independent <input type="checkbox"/> Unknown							
13. Has the client participated in a self-help group, support group (e.g., AA, NA, etc.) in the last 30 days?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Comments:							

Finalize Discharge	
A Finalized Discharge Data Set Must Have A Drug Matrix and Discharge Assessment.	
Completed Discharge Drug Matrix Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed Discharge Assessment Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No